

By Facsimile

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 09/900,506
 Filing Date July 6, 2001
 Inventorship Kotlikov et al.
 Applicant Corel Corporation
 Group Art Unit..... 2621
 Examiner Rosario-Vasquez, Dennis
 Attorney's Docket No. 197-004-USP
 Title: Method for Removing Defects from Images

AMENDMENT AND RESPONSE AFTER FINAL OFFICE ACTION

To: Mail Stop AF
 Commissioner for Patents
 Box 1450
 Alexandria, VA 22313-1450

From: Richard J. Holzer, Jr. (Tel. 720-377-0774; Fax 720-377-0777)
 Hensley Kim & Edgington, LLC
 1660 Lincoln Street, Suite 3050
 Denver, CO 80264

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CENTRAL FAX CENTER
MAR 24 2005

AMENDMENTS

Sir:

In response to the Office action of January 24, 2005, please amend the above-identified application as follows:

03/30/2005 MGORDON 00000003 503199 09900506

01 FC:2202 50.00 DA

HENSLEY KIM & EDGINGTON, LLC

1

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09900506

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	27	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	27 minus 20 =	7
INDEPENDENT CLAIMS	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	126
X40=		OR X80=	
+135=		OR +270=	
TOTAL		OR TOTAL	836

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	44	Minus	27	17
Independent	4	Minus	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	153	OR X\$18=	
X40=	43	OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

3/24/05

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	46	Minus	44	2
Independent	4	Minus	1	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	50	OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE	50	OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	0	=
Independent		Minus	0	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.